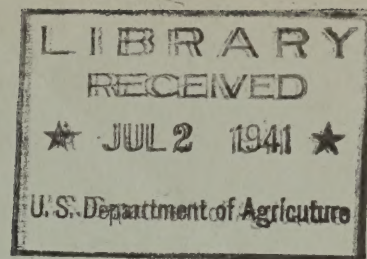


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Summary



SUMMARY OF NORTHEASTERN STATES
EXTENSION CONFERENCE

New York City, March 5-7, 1941

United States Department of Agriculture
EXTENSION SERVICE
Washington, D. C.

SUMMARY OF NORTHEASTERN STATES EXTENSION CONFERENCE
MARCH 5, 6, 7, 1941
NEW YORK CITY

THEME: "Improving the Well-Being of Rural Families"
Emphasis on Nutrition, Health, and Family Food Supply

GROUPS

ATTENDING: Extension directors
Home demonstration leaders
County agent leaders
Nutrition specialists
Vegetable gardening specialists
Agronomists
In addition, one of each of the following specialists from
the region: Poultry--dairy--farm management

PLAN OF

CONFERENCE: This was an unusual conference in that $2\frac{1}{2}$ days were devoted almost entirely to general sessions with the whole group giving concentrated attention to ways and means of improving the family food supply.

In general the plan of the conference was as follows:

I. The Situation.

- A. Newer knowledge of nutrition.
- B. Making nutrition function.
- C. Finding the problem of rural families with respect to health, nutrition, and food supply.
- D. The 1941 economic slant on "Live At Home Program"
- E. Extension's opportunities and responsibilities in rendering even greater service than at present in this field.

II. Extension procedures now being used which are aimed to solve problems having to do with health, nutrition, and food supply.

III. Discussion and recommendations by each group--How can we make an "all-out" extension program and a common plan of work on the family food supply in relation to health?

I. THE SITUATION

A. Newer Knowledge of Nutrition

In his opening talk, Dr. Norman Jolliffe, associate professor of medicine, New York University College of Medicine, told of the Nation-wide program for better civilian nutrition now being inaugurated by the Food and Nutrition Committee of the National Research Council cooperating with the U. S. Civilian Defense Coordinator, U. S. Department of Agriculture, and U. S. Public Health Service. "This program," said Dr. Jolliffe, "marks the dawn of a new era in public health in which the newer knowledge of nutrition will be applied not only to the prevention of Nutritional Disasters and Nutritional Depressions, but to the promotion of Nutritional Prosperity." Dr. Jolliffe defines these as follows:

Nutritional Disaster-- Such diseases as beriberi, pellagra, scurvy, rickets, and ophthalmia.

Nutritional Depression--Such things as dental caries; spongy, bleeding gums; poor vision in dim light, anemic, sallow, sniffing, underweight and undersized children; and the constipated, pepleless, dyspeptic, achy, nervous, irritable, and ever-complaining adult.

Nutritional Prosperity--Indicates not only the absence of Nutritional Disaster and Nutritional Depression, but a positive quality characterized by larger, stronger, more vigorous, healthier, and happier people, with good teeth, sparkling eyes, and clear skin.

Dr. Jolliffe divided the history of modern nutrition into two phases:

1. The pre-vitamin era up to 1912.
2. The vitamin era since 1912.

Excerpts from Dr. Jolliffe's talk follow:

"Today it is recognized that all the known nutritional diseases exist in the United States. Those that appear to be the most important are:

Dental caries (vitamin D and C, -- calcium, phosphorus, fluorine deficiency).

Anemia (iron and cobalt, extrinsic factor deficiency).

Nutritional edema (protein deficiency)

Hyperkeratosis -)
) -- (vitamin A deficiency)
 Night blindness)
 Beriberi (thiamin deficiency)
 Lip lesions)
) -- (riboflavin deficiency)
 Keratitis)
 Pellagra (nicotinic acid deficiency)
 Scurvy (vitamin C deficiency)
 Rickets)
) -- (vitamin D and calcium deficiency)
 Osteomalacia)

"Other than pellagra and beriberi these conditions are not fatal or disastrous and the number of deaths affords no information regarding the amount of sickness and disability. For instance, iron deficiency anemia does not appear at all as a cause of death, yet 50 percent of rural school children in Florida (883 studied) were definitely anemic. Naturally, dental caries does not enter into death reports, yet one-third of all children in our country have, by the age of 12, caries in permanent teeth. By 20 this figure approaches 100 percent.

"A recent dietary survey made by the Bureau of Home Economics of the United States Department of Agriculture, indicates that from 40 to 60 percent of diets studied were classified as poor or only fair. This constitutes another line of evidence indicating the need for better diets in this country."

B. Making Nutrition Function

Dr. Helen Mitchell, nutrition consultant to the coordinator of Health, Welfare, and Other Defense Activities of the Federal Security Agency, spoke on the topic "Making Nutrition Function." Excerpts from her talk follow:

"There is a wide gap between nutrition research and its application. How can we reach the indifferent and skeptical who either refuse to listen or perhaps listen but go on eating as they always have? Many New England families have two or three starchy vegetables at a meal along with bread and cake. Traditional menus and long established food habits do not change quickly. It takes a jolt to change cultural patterns. Defense may be that needed jolt. We need maximum manpower today, and elimination of malnutrition will help to achieve that goal."

Dr. Mitchell quoted Dr. Russell Wilder of Mayo Clinic and chairman of the Food and Nutrition Committee of the National Research Council:

"Nutritional deficiency saps vitality in so insidious a way that the victim may be unaware that enough is wrong to call a doctor. ***** The milder degrees of nutritional deficiency*****constitute the nub of the problem of malnutrition. The wreck courage. They undermine the will to do. They interfere with sleep*****they seriously depress resistance to other diseases *****."

Further excerpts from Dr. Mitchell's talk are as follows:

"Of all the nutrition factors now recognized, some of those grouped as the B-complex vitamins are probably more crucial to the well-being and efficiency of our adult population than any others. In an experiment conducted by Dr. Wilder and associates, thiamin B-1, was restricted in diets of a group of nurses and other volunteers. Dr. Wilder reported, 'The degree of disability induced by withdrawing thiamin from otherwise adequate diets of these persons was impressive. Fatigue appeared, interest in daily tasks was lost, accompanied by discouragement, depression, and irritability.'

"Enriched flour and bread now being introduced will help to meet the recognized need for more thiamin, nicotinic acid, and riboflavin, all members of the B-Complex. The word 'enriched' on flour and bread means that thiamin, nicotinic acid, and iron have been added in significant amounts so that six slices of bread will furnish 1/4 to 1/3 of a days requirements of these factors. Soon almost all flour and bread will be enriched. Low-income families eat considerable bread and will derive real benefit. This is one step toward making nutrition function and a bigger step than has ever been taken at one time before in this country.

"But we must not stop there or allow people to think that enriched bread is a panacea and that it will solve all our nutrition problems. Milk, meat, eggs, fruits, and vegetables are still vitally important. We must emphasize the difference in circumstances now contrasted with 1917-- conservation of food values not conservation of food.

"Stimulation of a Nation-wide nutrition consciousness, dissemination of nutrition information, and coordination of the effort of all agencies in applying nutrition information is a big job. The office of the nutrition consultant in Mr. McNutt's administration is attempting to be the coordinating center for the excellent work going on all over the country. The State nutrition committees are coordinating the work of agencies within the States. Some of the States have made a splendid start with action programs under way."

C. Finding the Problem

Miss Elizabeth E. Ellis, nutrition specialist of New Hampshire, reviewed recent studies which give information on health problems and nutrition needs. Her review included a study of 895 farm families in New Hampshire, a survey of breakfasts of school children, the consumer purchases study, Appraisal of Home Demonstration Work in the Eastern States, and studies made by land use planning committees. Figures were cited from these studies to show great need for improved diet and health.

D. The 1941 Economic Slant on a "Live At Home Program"

Dr. Van B. Hart, agricultural economics and farm management specialist, New York, reviewed the present economic situation as applied to home food production. He encouraged extension workers to emphasize health as a motive in producing food for home use rather than the amount of money saved by this procedure. He stated also that farm families need to consider their own individual situations at this particular time, with respect

to time, labor, and prices for farm products they sell and those they buy, with general rise of prices probable. Farm families need to keep in mind also that they sell at wholesale and buy at retail. In light of all these factors, encourage farm families to make their decisions regarding the home produced food supply.

E. Extension's Opportunities and Responsibilities

Miss Miriam Birdseye, Nutrition Specialist, Extension Service, U. S. Department of Agriculture, in discussing "Extension's Opportunity To Help Make Americans Stronger," emphasized the necessity for a national program on nutrition education, aimed at complete coverage of the population of all ages and all income levels. She stated that, "this program should be so well organized that it will lead people to want health to the extent that they will work for it, and will stimulate them to get diets which will maintain good health and morale -- definite national assets during this time of crisis."

Earl A. Flansburgh, state leader of county agent work, New York, discussing the topic "Obstacles That Extension Workers Have To Overcome To Promote Nutritional Project" listed these obstacles as follows:

1. Lack of definite knowledge of exact local situation which we, as extension workers, are attempting to correct.
2. Our inability to look at the entire job to be done; i.e. that this job is a family job and not solved by emphasis on one phase and that alone.
3. Inhibitions which come from human tendency to avoid change of habit.
4. Lack of result demonstrations on complete family approach to problem. This means more coordinated programs between specialists and organizers.
5. Difficulty of people in middle age who grew up amid plenty, to change their habits.
6. Unawareness of the problem among well-to-do, or those reasonably well-off.
7. Many removed from intimate contact with local situation being too sure of answers. This applies at all levels of extension work from Washington to the county seat.
8. Inability of extension workers to appraise which is most important -- cash income or living, or combination.
9. Men have been obstacles to progress in nutritional programs because many felt it was impractical and painful and have been scared by vitamin and calorie talk. The reason they feel this way is that they have not been instructed properly.

George E. Lord, assistant director, College of Agriculture, University of Maine, in speaking of the job of extension in relation to health and nutrition, referred to a recent Maine survey indicating that 30 percent of the children have bone defects, with an average of 9 tooth cavities per child. Mr. Lord's conclusions on the extension job in health and nutrition follow:

1. Improvements in food production will provide a better living for many farm families.
2. Home food production determines diets to a large extent.
3. Arouse extension agents and specialists to the opportunity for doing work in this field.
4. Reemphasize nutritional standards.
5. Simplify extension methods.
6. Work with all groups of rural people, and with all agencies which serve these groups.
7. Have a strong informational and publicity program.
8. More extension workers are needed in the field of nutrition.

II. WHAT IS THE EXTENSION SERVICE DOING

A. Some Successful Methods

Following is a digest of methods used by the various State extension services for helping rural families to have better health through a better farm food supply:

- a. State extension committees on home food supply.
Miss Gertrude Humphreys, West Virginia.

The West Virginia Extension Service has a State committee on nutrition and health which was organized in 1937 and enlarged in 1938 to include extension supervisors. The widespread interest in this work was indicated by the fact that 41 counties had made definite reports on progress during 1940. She stated that the major emphasis had been on gardens, food preservation, poultry and poultry products, and the use of milk. The cooperation of all specialists has been obtained in a State-wide program which is known as "Feed the Family First," or the "Three-F Program."

- b. Land use planning committees.
Mr. R. W. Donaldson, Massachusetts.

The land use planning committees in Massachusetts are working on the problem of helping rural families to have better health through a more adequate food supply. It was his thought that this could best be done through the 55 organized towns in Massachusetts by subcommittees in the various communities.

- c. Cooperation with doctors, nurses, schools, etc.
Mrs. Leone Nutting, Maine.

Conferences have been held with State health departments and other agencies. In the counties the Extension Service planned and carried out the meetings. The examinations were

given by doctors and dentists. The home demonstration agent often conferred with farm women on nutrition for the family. This was followed by a home visit if necessary. The Farm Security Administration home supervisors also work in the same manner. It is essential to obtain the cooperation of all rural doctors and nurses for a successful nutrition and health campaign.

The school-lunch project is being worked through the State department of education and the local home economics teachers. In this way the cooperation of local county superintendents was obtained. Home demonstration agents contacted the county superintendents and talked foods with them as well as with N. Y. A. and W. P. A. officials. Monthly menus, making use of surplus commodities available at that time, were worked out.

- d. Procedures with part-time farm families, low-income groups, etc. Mr. A. E. Wilkinson, Connecticut.

The part-time farmers and low-income groups can best be interested by small meetings or committees which would permit personal contact with the individuals. A "Spend Less - Eat Better" campaign reaches some. This project provides detailed suggestions and demonstrators, signed up to carry the project through and make reports. It is difficult to get reports on actual results. All types of publicity such as the radio, newspapers, letters etc., were necessary to reach the desired groups. A survey indicated that 85 percent of the people needed this kind of information regarding nutrition.

- e. State and county nutrition committees. Miss Dorothy Williams, New York.

At the last State nutrition conference 500 people, representing various agencies, met at Cornell to learn about the program. These leaders returned to the counties to give other workers further training. In many counties much coordination was essential.

Regional training schools were held for the temporary local chairman in the counties. Thirty-one counties in New York State were organized with nutrition committees, but it was necessary for the extension agents and other professional workers actually to go into the homes and get acquainted with the family nutrition problems.

Nutrition courses, as well as refresher courses, have been offered at the College for teachers. Publicity was obtained by means of newspapers, radio, posters, and bus cards. A technical advisory group at the College gave much assistance in preparation of satisfactory material.

B. Other Methods and Procedures

Other extension representatives from the States attending the conference reported on new approaches, methods, and devices.

- a. New Hampshire - Unite and coordinate State nutrition committee with all other agencies and tie-up with extension agents' program.
- b. Vermont - There are W. P. A. adult teachers in all but two counties. Work with the known income group is similar to home agents' program but not so advanced. Under supervision of Extension Service 100 homemakers are cooperating in food consumption study from point of view of nutrition. A definite follow-up is made in each case.
- c. Rhode Island - All nutritionists get together once each month for purpose of collaborating on material prepared and used. A price trend report is being launched.
- d. Pennsylvania - All agricultural specialists are working closely with home agents. Studies show lack of green vegetables in diet. Extension Service is working on green vegetable program. This is a joint program for all agents in a county. 4-H Clubs are emphasizing breakfast, dinner, and supper clubs so that club members can study actual meals.
- e. New Jersey - Good cooperation for years with State agencies. Lack enough nutritionists. Excellent cooperation with the State department of agriculture. State nutrition council - representatives from all State agencies. Next step - county councils. Trying to get land use committee to see the nutrition problem. Record-keeping is the most difficult of all problems.
- f. Delaware - Appeal to people through patriotism. Land use committee to make survey of gardens. Facts to be used with other groups. State council sponsoring home-produced foods contest. Trying to reach groups of other than farm families. Meeting with poultrymen and milk agencies. Monthly letters to Farm Security people.
- g. Maryland - State defense committee, land use committee, and extension nutrition committee are functioning by tying-up to other State committees. Special work with Negroes - house to house survey - 1 county 120 families - working out their food problems for 1 year. Poultry and gardens as a contribution to better nutrition are being emphasized.

III. ADJUSTMENTS NEEDED IN THE EXTENSION PROGRAM

A. Adjustments

Summaries follow of 5-minute statements on what further adjustments are needed in the Extension Service program to aid rural families to improve their health, presented by extension representatives in animal husbandry, economics, poultry, county agent supervision, home demonstration supervision, and extension administration:

- a. Mr. K. F. Warner, of the United States Department of Agriculture, indicated that the meat-producing farmers were beginning to think that good nutritious living comes first. We have urbanized farming by placing the dollar sign first.
- b. Mr. P. L. Putnam, of Connecticut, stated that there was still a lack of coordination between the various agencies. It is generally conceded that incomes will not be improved among most farm families; therefore, it is essential to emphasize the live-at-home nutrition program. He suggested that nutrition and health problems should be accepted as a community and county responsibility. Extension Service has to do a better job in helping people to understand what is meant by "good health." We must have more and better information on health for future procedures.
- c. Mr. G. T. Klein, of Massachusetts, told of the publicity of the New England Fresh Egg Institute which provided information to the people on nutrition and eggs. Extension Service needs two programs - one for the commercial poultryman, the other who is raising poultry for the contribution that it makes to his diet. He reported that a poultry coop large enough for 25 hens in the winter had been developed and is now in use in that territory among part-time farmers and lower income groups. The Extension Service needs to make a special effort to reach the people who are most in need of a program to improve their health.
- d. Mr. Paul E. Nystrom, of Maryland, emphasized the need for much factual information, personal adjustment, and the wisdom to see these needs and then make the adjustments. Health cannot depend entirely upon food. Help people to analyze what they do with their income after they get it.
- e. Mr. R. H. Olmstead, of Pennsylvania, emphasized that this nutrition program was a man's program as well as a woman's program. He suggested that even some of the dairymen might be persuaded to use their own products as food.
- f. Miss Marjorie E. Luce, of Vermont, thought that this present emergency might be an answer to the prayer of the nutrition specialist, but there is a job for every member of the extension staff. We need to take the ideas and inspiration from this meeting

to those extension people who are not here. She suggested that sales resistance to this program would be very great and that it must be presented with proper teaching methods and not as a regulation of our individual diets. Food habits are personal.

- g. Mr. Chas. Thompson, of New Jersey, pointed out that local and State coordination was essential and that the program must be made to catch the imagination of the public. We need to dramatize our nutrition teaching. The program should be built in keeping with the resources which we have.

B. A Common Plan

Each group of extension supervisors and specialists attending the conference met in separate conferences and prepared recommendations on the question, "How Can We Make an 'all-out' Extension Program and a Common Plan of Work on the Family Food Supply in Relation to Health?" Following is a digest of the recommendations:

RECOMMENDATIONS OF HOME DEMONSTRATION LEADERS

- a. A more positive stand is needed to bring about coordination of all extension workers in a county.
- b. In States not already having a State extension committee on better living from the farm, encourage the appointment of such a committee. Strengthen committees now functioning.
- c. Give every support to State nutrition committees, and to land use subcommittees working on foods, nutrition, and health.
- d. Aim to develop a State coordinated program with all organizations and agencies working on health and nutrition, such as school-lunch and clinic projects.
- e. Agents in all three lines of extension work should use the family approach in health and nutrition programs.
- f. Through education of youth, build a new concept of health and its importance to the individual and society.
- g. A more definite effort to make large numbers of people realize the fundamental importance of health and the responsibility of every individual to maintain it in his family and community.
- h. Devise ways of reaching more young mothers.
- i. Devise ways of reaching more low-income families.
- j. Do more to build public appreciation of good health.
- k. Work more concertedly and intensively on home living programs.

- l. Teaching by increased use of visual aids, radio, and simple literature.
- m. Expand the 4-H food-preparation and selection programs, promote the checking of food and health habits, and encourage the holding of health examinations.
- n. More personnel will be needed if the job is adequately done.

RECOMMENDATIONS OF COUNTY AGENT LEADERS

- a. Our conception of such an "all-out" extension program is that it should be viewed as a permanent and coordinated health program which shall be directed toward the all-inclusive subject of human health, rather than periodic focusing of attention on piece-meal programs such as family garden projects, home butchering projects, nutrition programs, etc. For such an "all-out" health program we express our full belief and enthusiasm.
- b. We recommend that this health program be made a positive program - one that emphasizes health and happiness, rather than sickness and gloom about human welfare.
- c. We believe that we should proceed with a full appreciation of all the good work that has been done in the past in this field by all extension workers and other agencies.
- d. We recommend that other extension specialists and the agents in the counties be given an early opportunity to fully appreciate the health problem. The presentation to them should be well organized and simple, following the example set by Dr. Jolliffe at this conference. They should know of the material and data that are available now and what will be available in the future. Examples of these materials are the outlines of the animal and human nutrition conferences in New York, the county health programs in Maine, the farm garden survey in Delaware, and motion-picture films such as were shown at this conference.
- e. We request that more emphasis be placed on the importance and need for assembling information and statistics relating to the health program from health clinics, draft boards, school surveys, State departments of health. Such information should be presented to local committees who may be expected to assume local leadership in the program.
- f. We believe that 4-H Club work offers an opportunity to increase the acceptance of sound health instruction with more permanent results, and we suggest that full recognition be given to 4-H Club health work and the very essential part which it has had and will have in any health program.

- g. As leaders we pledge ourselves to help county agents with plans of work on home food production, storage, butchering and curing of meats, etc., and to encourage county agents and specialists to make reference to the entire program and correlate it with the livestock and crop production and management phases of their programs.

RECOMMENDATIONS OF NUTRITION SPECIALISTS

a. State committees.

In each State there is a committee under various names, as farm family living committee, food supply committee, food and feed committee, land use planning committee or nutrition for defense committee. How can these committees be used to the best advantage?

- (a) All staff members on the committee must work together to attack the nutrition problems on all the angles in which we are prepared to help.
- (b) To make surveys to find problems and interpret these surveys. They should enlist the cooperation of the local people in making the survey and interpreting the findings.
- (c) Together with the local people suggest and plan solutions to these problems.
- (d) Prepare teaching aids such as: Film strips, slides, leaflets, exhibits, and publicity material.
- (e) Use daily, weekly, and yearly food supply tables to interpret food needs. Use these with individual family and with other extension workers as the vegetable crops specialists, the economics specialists, etc.

b. Assistance to others.

All extension workers and other professional people who work with rural families need to understand what good nutrition is, in order that they may utilize every opportunity to help people improve their health. Some ways to do this are:

- (a) Nutrition conferences, example: The Animal, Human, and Soil Nutrition Conference held at Cornell in 1940.
- (b) Dramatize the teachings of nutrition and draw parallels in all fields of nutrition.
- (c) Use healthy children or pictures of children to illustrate good nutrition at large public gatherings.
- (d) Explore possibilities of different meetings to be held in counties to see if agent or specialist could "tie-in" nutrition.

b. Assistance to others (Cont'd).

- (e) Use the family approach for getting cooperation on family nutrition.
- (f) Assist professional groups, such as teachers, nurses, and welfare workers, so they can teach and pass on nutrition information.

c. Food production and nutrition.

- (a) We need to work with men who produce quality food products so they will know the nutritive value of the food and its place in a well-balanced diet.
- (b) Extension can help production men and the consumer by contributing timely information for leaflets, radio, and the press.
- (c) Encourage the use of whole-grain and enriched flours and breads.

d. 4-H Club work.

- (a) Train leaders of 4-H Clubs.
- (b) Emphasize the care of the teeth.
- (c) Encourage physical check-ups and correction of defects.
- (d) Encourage demonstrations featuring protective foods.
- (e) Encourage boys and girls to draw parallels between feeding live-stock, poultry, and crops, and feeding themselves.
- (f) Consider the possibility of having 4-H boys and girls score their own physical condition at the same time they are scoring and judging animals.
- (g) Encourage them to contribute to the family's diet and well-being through food production and food preservation projects.
- (h) Use camps and other meetings to emphasize nutrition and health.

RECOMMENDATIONS OF VEGETABLE GARDEN SPECIALISTS

- a. The committee agreed that the "all-out" programs to provide the family food supply must be planned to suit the needs of the family and that consideration must be given to personal preferences, family incomes, soils, and climatic conditions.

- b. A closer relationship between all extension workers is needed in the execution of the program. Greater gains will be made if all related lines of work are correlated rather than when specialists in each line of work act separately. Coordinate the efforts of all related lines of extension work such as, nutrition, dairy, poultry, animal husbandry, agronomy, farm management, and vegetables.
- c. We believe that the information obtained from State and local surveys, such as are being made in Tennessee, South Carolina, Delaware, Pennsylvania, Connecticut, and other States, should be used in planning programs.
- d. Families of low incomes or in rural groups, generally, should have a garden to help supply their own food.
- e. Since vegetable production has been doubled in the last 20 years, we do not recommend community gardens generally, especially where the soil is unsuited for vegetable production.
- f. Specialized farmers, such as market gardeners, need to have a definite garden and to grow vegetables for home use.

RECOMMENDATIONS OF AGRONOMISTS

The healthy family is the basis for a sound nation. One of the vital factors to the health of the family is an adequate diet. For a diet to be adequate it must be ample, varied, nutritious, palatable, and economic. To produce the foods for such a diet, it is essential, first, that adapted crops be grown on productive, well-managed soils, and second, that the nutritive value of these crops be preserved through proper handling.

In order to develop a sound, effective program for the health of the family, the extension agronomists offer their full cooperation and feel that our greatest contribution can be made in developing the following six factors:

- a. Restoration and maintenance of the mineral content in the soil at such levels as to adequately meet plant and animal requirements. Special emphasis should be given to calcium and phosphorus.
- b. Restoration and maintenance of organic matter in garden, truck, and field-crop soils, through the use of cover crops, manures, and crop rotations.
- c. Selection of land for various crops, especially for garden use.
- d. Selection of adapted crop varieties.
- e. Further improvement of pasture and hay crops for livestock production.

- f. Preservation of the nutritive value of vegetable, forage, and grain crops through improved methods of handling and storage.

Because of the wide variation in soil, climate, and types of farming among the States in the Northeast, it is obviously impossible to develop a common plan of work for the region as a whole. Instead, it is felt that plans will be more effective and applicable if developed in each State through the coordinated efforts of the various extension workers and other agencies interested. In such effort the extension agronomists welcome the opportunity to help, and offer their full cooperation.

1. The purpose of the study is to determine the effect of the treatment on the response of the subjects to the treatment.

The study was conducted in a randomized, controlled, double-blind manner. The subjects were divided into two groups: the treatment group and the control group. The treatment group received the treatment, and the control group received a placebo. The subjects were then followed up for a period of six months. The results of the study showed that the treatment group had a significantly higher response rate than the control group. This suggests that the treatment is effective in improving the response of the subjects to the treatment.

